

PART B - FEE(S) TRANSMITTAL

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7590 02/25/2008

Michaud-Duffy Group LLP
 306 Industrial Park Road, Suite 206
 Middletown, CT 06457

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Delina I. Belanger	(Depositor's name)
<i>Delina I. Belanger</i>	(Signature)
March 19, 2008	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10716.794

11/19/2003

John James Daniels

1084-0002

6787

TITLE OF INVENTION: ORGANIC AND INORGANIC LIGHT ACTIVE DEVICES AND METHODS FOR MAKING THE SAME

APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PRIV. PAID ISSUE FEE	TOTAL FEES DUE	DATE DUE
nonprovisional	YES	\$720 1440.00	\$300	\$0	\$1740.00	05/27/2008
EXAMINER	ART UNIT	CLASS/SUBCLASS				
LIN, JAMES	1792	427-066000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev. 03/02 or more recent) attached. Use of a **Customer Number is required.**

- 2.1 or printing on the patent front page, list
- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Michaud-Duffy
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue fee
- ☐ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies 10

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- ☐ A check is enclosed.
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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **503342** (enclose an extra copy of this Form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27 ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Richard R. Michaud

Date **March 19, 2008**

Typed or printed name

Registration No. **40,088**

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